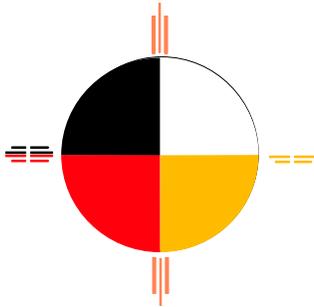


Transitions 2002

An Update to Indian country from the Restructuring Initiative Workgroup



The Charge and the Challenge

The Charge

Working to make health service better for the people back home is the common message of Tribal Leaders participating on the Restructuring Initiative Workgroup. The Workgroup, formed in February 2002, is the second Tribally-dominated effort charged by IHS Director Dr. Michael H. Trujillo to “identify changes to the design of the Indian health care system that will best enable accessible and acceptable health care services for American Indians and Alaska Natives during the next 5 years.”

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This Workgroup will draft recommendations and propose them to the IHS and Indian people for consideration by June 1. The first restructuring effort was an 18-month process from 1995-1997 that started soon after Trujillo was confirmed as the IHS Director.

The earlier process was lead by the Indian Health Design Team (IHDT), a Tribal/Federal group of Indian health leaders, and resulted in 40 recommendations that were submitted to Indian health stakeholders for review and feedback.

The 1995-97 process continued to be the source for many of the decisions related to organizational and structural changes and/or new ways of doing business that have occurred within the Indian health care system since 1995.

Healthcare systems must respond to change, the focus of this change is usually on the organization and financing of healthcare. Dr. Trujillo asked the new restructuring workgroup to review the whole picture of Indian health in today’s environment and with consideration for future changes. The new workgroup is focusing on proposing recommendations that will position the Indian health care system to meet challenges for the next 5 years.

The Challenge

The Restructuring Workgroup must address the question: How will the operators of Indian healthcare programs continue to provide health care to the first Americans in a changing environment? It has been 6 years since the first stakeholder-owned redesign of the Indian healthcare system. It is a good time for Tribes and the IHS to reassess health needs and the healthcare delivery system, chart a transition course to keep up with current and expected changes and challenges, and pursue or create opportunities to address the challenges.

Inside this issue:

The Charge & Challenge

Timeline & Milestones

Workgroup Membership

Range of Possibilities

How to Contact Us

Special points of interest:

?? Working to make health service better for people back home

?? Submit your views about how Federal, Tribal, and Urban operators continue to provide health care for the First Americans

?? Contact Names & Addresses

?? How to Submit Your Views

?? Visit the www.ihs.gov website for more information

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The Workgroup Membership

Indian Country is represented by the diversity, strength, and talent of 12 Tribal health leaders from each of the 12 IHS Areas and 4 nationally elected leaders of Indian organizations. Four Federal officials--two IHS Area Directors, one IHS Area chief medical officer, and one Headquarters executive--also serve on the Workgroup. The Tribal health leaders elected Joseph A. Moquino, Council Member, San Juan Pueblo, as the Tribal Co-Chair, and Kathleen R. Annette, M.D., Director, Bemidji Area IHS, was appointed by Dr. Trujillo as the Federal Co-Chair.

“We come here with something in common: caring about Indian people.”

*Dr. Kathy Annette
White Earth Chippewa
March 7, 2002*

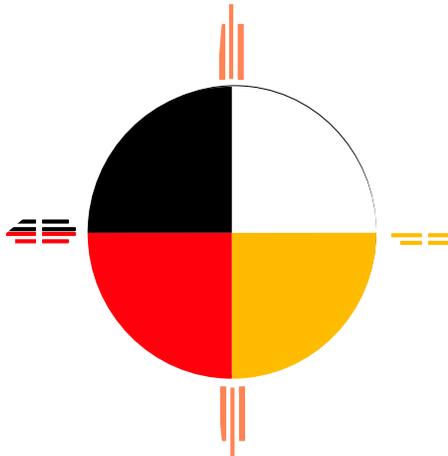
In upcoming meetings, the members will be proposing opportunities, evaluating options, and forming a report to Indian Country and recommendations to the IHS.

In addition to the Workgroup membership that is more representative of Indian Country leaders rather than Federal officials, key stakeholders will also be included in reviewing and recommending any

“The first design team was a sentinel group. It set the groundwork for how IHS conducts work. It was a new process. We learned that IHS was an agency there for us.”

*Buford Rolin, Council Member
Poarch Band of Creek Indians
February 5, 2002*

In Dr. Trujillo's opening remarks to the Workgroup members during their first meeting on February 5, he said, “Bring your personal experience and views to the table to share – your diversity is a strength.”



changes that would affect them. The purpose of this inclusive process is to assure a way of addressing stakeholder-owned problems and issues and to provide stakeholder-owned solutions.

The members are approaching their charge in an open-minded manner by viewing “restructuring” within a range of options and possibilities to make the Indian health care system serve American Indians and Alaska Natives better. In the Workgroup’s first two meetings on February 5-7 in Bethesda, MD, and March 5-7 in Scottsdale, AZ, the members confirmed their charge, reviewed the appropriate-

“Ensure that the systems out in the communities benefit the patient.”

*Gregg Bourland, Chairman
Cheyenne River Sioux
March 5, 2002*

“When Indian people back home have problems, they go to their Tribal Chairman. So we have to be Tribal leaders that are intent on representing the Indian people back home who need and get the health care.”

*Felix Ike, Chairman
Te-Moak Tribe of Western Shoshone
March 6, 2002*

ness of the current IHS foundation, mission, and goal statements, and discussed the changes in Indian health care and the challenges that the environment will bring during the next 5 years.



You can contribute, too, by contacting any of the Workgroup members on page 4 or by visiting the IHS website at <http://www.ihs.gov/nonmedicalprograms/ihdt2/>



Website for
information

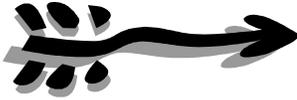


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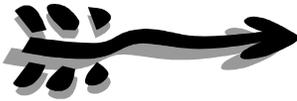
Mail comments
suggestions to:



Any of the Workgroup
Members on page 4



E-Mail comments
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